

EXHIBIT K



Welcome to Select Staffing!

This electronic packet contains required documents that make up your permanent record. Please take time to read each document, initial where indicated and provide an electronic signature where requested.

ACKNOWLEDGEMENT

I understand and agree that by submitting these forms electronically, I authorize these forms to be as valid as manually signed forms submitted on paper. I further authorize my typed name and initials to be as valid as a manual signature and initials.

Colleague Signature: Catherine Olinger
Date: 03/20/09

INSTRUCTIONS

Colleague: Use the TAB key to move from one field to the next. Each field is a required field. Upon completion, e-mail the completed New Hire Packet to your immediate supervisor. Your supervisor will review and counter sign your packet as well as complete Section 2 of the Form I-9 - Employment Eligibility Verification form. Please have your documents ready for examination. Do not complete Section 2. Your immediate supervisor will complete the section.

Please retain a copy of the Colleague Orientation Material for future reference.

Immediate Supervisor: Upon review of the packet, please counter sign all forms where required. Upon examination of the documents provided by the Colleague, complete Section 2 of the Form I-9 - Employment Eligibility Verification form. As a reminder, please include the date that Colleague employment began with Select Staffing. Review the packet for completeness then forward the completed packet to the Group: Colleague New Hire Packets e-box. Please ensure that the packet is complete. Incomplete packets can not be processed. Avoid delays by double checking all forms. A complete packet includes the:

New Hire Packet
Form I-9
Form W-4

Please include optional forms such as Direct Deposit and loan agreements.

A confirmation e-mail will be sent to the Immediate Supervisor once the New Hire Packet has been received complete and confirmation of eligibility has been granted.

Again, we are pleased to have you on our team!



EB-000185

LEGAL ACKNOWLEDGEMENTS
APPLICANT AGREEMENTCOLLEAGUE NAME: CATHERINE OLINGERSOCIAL SECURITY NUMBER: **REDACTED****AT-WILL**

I understand that the Employer does not hire everyone who completes an application for employment and that all applications must meet certain general hiring criteria set forth by The Employer, such as having the legal right to work in the U.S., appropriate skills, job history, and favorable references. Applicants must also possess personal qualities such as being honest, trustworthy, non-violent, and reliable. I understand that The Employer does not discuss hiring or placement criteria decisions with applicants or employees, and that The Employer does not discuss termination decisions with employees. I understand that my employment at The Employer is on an at-will basis and that I may be terminated at any time, with or without cause, and with or without notice, either at my option or at the option of The Employer. In consideration of my employment, I agree to conform to the rules and standards of The Employer, as amended by The Employer from time-to-time at its discretion. I further agree that my employment and compensation is for no definite period. Terms and conditions of employment including promotions, change in job duties, locations, and compensation can be changed at the sole discretion of The Employer, at any time, with or without cause, advance notice, or stated reason. I understand that no employee or representative of The Employer, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement or condition contrary to the foregoing. Further, the President of The Employer may not alter the at-will nature of this employment relationship unless he signs a written document in which he specifically and clearly indicates the intent to do so.

CO
Initials**VERIFICATION & RELEASE**

I hereby certify that the information supplied on this application for employment is true and correct to the best of my knowledge, and agree to have any of the statements verified by The Employer, unless I have indicated to the contrary. I authorize The Employer to contact any and all of the references listed (including employers and schools), and I authorize those references to provide The Employer any and all information concerning my previous education and employment and any other pertinent information they may have or know about me. Further, I release all parties, companies, and persons providing such information to The Employer from any liability for any damages that may result from furnishing such information to The Employer as well as from the use or disclosure of such information by The Employer or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application or during the interview process (regardless of when discovered) may result in my failure to receive an offer or, if I am hired, my immediate termination from employment at any time.

I also understand that any offer of employment from The Employer is conditioned on The Employer receiving satisfactory responses to reference requests, passing a drug screen, and providing satisfactory proof of my identity and legal authority to work in the United States.

The application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

Do Not Sign Until You Have Read and Understood the Above StatementSignature of Applicant: Catherine Olinger

Date: 03/20/09

DISCRIMINATION AND REPORTING POLICIES

The Employer does not discriminate against their applicants or employees in any manner, and cannot and will not tolerate any form of harassment, including sexual harassment, or discrimination of any type, whether based on sex, race, age national origin, ancestry, religion, sexual orientation, marital status, or physical or mental disability, toward our employees. The Employer is an Affirmative Action and Equal Opportunity Employer. If you believe that you (or another co-worker) have been discriminated against or harassed by a co-worker, supervisor, agent of The Employer, or a customer, you should immediately report the facts of the incident and the names of the individuals involved to the Corporate Human Resources Director, who will promptly investigate all claims and take appropriate action. Call 800-688-6162 for a direct line, or 877-LISTEN-0 to reach the legal compliance and counseling hotline.

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Initials**EB-000186**

MUTUAL AGREEMENT TO ARBITRATE

If The Employer and I are unable to resolve any disputes informally, I agree to having the dispute submitted and determined by binding arbitration in conformity with the procedures of the Federal Arbitration Act and the California Arbitration Act (California Code of Civil Procedure section 1280, et. seq.), including section 1283.05 and all other rights to discovery. Such disputes may include but not limited to any involving breach of contract, fraud, misrepresentation, defamation, personal injury, wages, wrongful discharge, vacation pay, sick time pay, overtime pay, state and federal employment laws, and regulation including but not limited to the Fair Labor Standards Act (including the equal Pay Act), the Civil Rights Act of 1964 as amended, 42 U.S.C. section 1981, the Americans with disabilities Act, laws prohibiting discrimination by reason of religion, sex, age, color, national origin, handicap, disability, medical condition, marital status or other basis, ADEA, federal and state, state unfair competition or unfair business practices provisions, and those claims whether in law or equity, which either party could assert, at common law or under statute, rule, regulation, order of law, whether federal, state, or local, except for those under the National Labor Relations Act, claims for workers' compensation and unemployment insurance, and any other claims precluded from arbitration by law. I agree that such arbitration will be conducted in Santa Barbara, CA.

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AUTHORIZATION AND CONSENT FOR DRUG SCREEN

I consent to a pre-employment test to detect the use of illegal or controlled substances, alcohol, or prescription medication without a prescription. I consent to provide a specimen to my urine and/or blood or hair as may be requested in conformity with The Employer's policies and procedures. I certify that urine submitted for such a drug screen will be my own. I understand that I have a right to receive a copy of this authorization.

I understand that The Employer may require a post-accident screening to test for illegal drugs or controlled substances, alcohol, or prescription medication without a prescription when a work-related accident is reported, in accordance with The Employer's policy, and I consent to such a drug screening. I consent to the release of drug screen results to The Employer. I also authorize any physician, hospital or clinic who may have examined me previously for drug or substance abuse to release to The Employer a complete record of the findings, results or opinions.

I understand and agree that the results of my drug screens may be used in determining my employment eligibility. If I refuse to sign this consent, fail to take a pre-employment or accident-related drug screen, or fail any portion of the test, I will not be considered for employment, or if employed, I will be terminated.

I understand and agree that The Employer may release the results of my pre-employment and/or post-accident drug screens to the State Unemployment Department if a claim for unemployment insurance is filed by me or on my behalf.

I agree to hold all parties harmless and not to sue in connection with any aspect of drug screen testing or its effect on my employment status. I understand that if I have any questions about the meaning of the provisions in this authorization and consent or the drug screens, they will be answered on request.

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Initials

APPLICATION FOR EMPLOYMENT

All information contained on this application is subject to verification.

THIS PAGE MUST BE COMPLETED. THE ON-LINE APPLICATION DOES NOT REPLACE THIS REQUIREMENT

FIRST NAME: CATHERINE	MIDDLE INITIAL: P	LAST NAME: OLINGER	HAVE YOU EVER APPLIED WITH ANY OF OUR OFFICES BEFORE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ADDRESS: [REDACTED]		APARTMENT/UNIT:	ARE YOU AGE 18 OR OLDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY: ALBUQUERQUE	STATE: NM	ZIP CODE: 87110	DO YOU HAVE THE FOLLOWING VALID DOCUMENTATION WITH YOU TODAY? 1) IDENTITY (PICTURE ID) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2) ELIGIBILITY TO WORK IN THE U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE: [REDACTED]	ALTERNATIVE TELEPHONE: [REDACTED]		INFORMATION PROVIDED IS SUBJECT TO VERIFICATION WITH THE SOCIAL SECURITY ADMINISTRATION AND/OR THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES.
PREFERRED NAME: CATHERINE OLINGER	EMAIL ADDRESS: [REDACTED]		

ADDITION INFORMATION

LIST ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN.

CATHERINE STARR

PLEASE EXPLAIN ANY ADDITIONAL INFORMATION RELATIVE TO A CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATION RECORDS.

STARR IS MY MAIDEN NAME

HAVE YOU BEEN A TEMPORARY WITH ANOTHER SERVICE BEFORE? ☒ YES ☐ NO

IF YES, COMPLETE THE TEMPORARY EXPERIENCE SUPPLEMENT.

LIST ALL LANGUAGES SPOKEN OTHER THAN ENGLISH.

WORK PREFERENCES

TYPE OF WORK DESIRED:

PART-TIME

SHIFT AVAILABLE (CHECK ALL THAT APPLY): ☒ 1ST ☐ 2ND ☐ 3RD ☐ WEEKEND ☐ FULL-TIME ☒ PART-TIME

MINIMUM PAY RATE: \$16.80 PER HOUR

MILES WILL TO TRAVEL: 25

LEGAL QUESTIONS

HAVE YOU BEEN DISCHARGED OR ASK TO RESIGN FROM ANY JOB? ☐ YES ☒ NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

HAVE YOU BEEN REPRIMANDED, SUSPENDED WITH OR WITHOUT PAY, OR TERMINATED FOR FIGHTING ON THE JOB, WHETHER OR NOT IT WAS YOUR FAULT? ☐ YES ☒ NO

IF YES, PLEASE EXPLAIN:

WILL ANY OF YOUR WORK REFERENCES DISCLOSE/REVEAL ANYTHING NEGATIVE: ☐ YES ☒ NO

IF YES, PLEASE EXPLAIN:

IF A DRIVER LICENSE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, DO YOU HAVE A VALID LICENSE: ☒ YES ☐ NO

LICENSE NUMBER: [REDACTED]

EXPIRATION DATE: 04/22/2012

SINCE YOU ARE APPLYING FOR A POSITION THAT MAY REQUIRE DRIVING, HAVE YOU BEEN CITED FOR A TRAFFIC VIOLATION OF ANY KIND WITHIN THE PAST 7 YEARS? ☐ YES ☒ NO

IF YES, PLEASE GIVE DATE AND DETAILS:

HAVE YOU EVER PLEAD GUILTY, "NO CONTEST", OR BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE THE AGE OF 18, INCLUDING SUCH MOVING VIOLATIONS AS DRIVING UNDER THE INFLUENCE OF A DRUG OR ALCOHOL, WHICH WERE NOT LATER EXPUNGED" (CALIFORNIA ONLY - DO NOT DISCLOSE CONVICTIONS FOR MARIJUANA POSSESSION OVER TWO (2) YEARS OLD. GEORGIA ONLY - DO NOT DISCLOSE INFORMATION PERTAINING TO ANY "FIRST OFFENDER DISCHARGE". CONNECTICUT ONLY - DO NOT DISCLOSE THE EXISTENCE OF ANY ARREST, CRIMINAL CHARGE, OR CONVICTION, THE RECORDS OF WHICH HAVE BEEN ERASED. HAWAII ONLY - YOU WILL ONLY HAVE TO ANSWER THIS QUESTION IF YOU RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT. MASSACHUSETTS ONLY - APPLICANTS FOR EMPLOYMENT WITH A SEALED RECORD ON FILE WITH THE COMMISSIONER OF PROBATION MAY ANSWER "NO RECORD" WITH RESPECT TO AN INQUIRY RELATING TO PRIOR ARRESTS, APPEARANCES AND CONVICTIONS. IN ADDITION, MASSACHUSETTS APPLICANTS FOR EMPLOYMENT MAY ANSWER "NO RECORD" WITH RESPECT TO ANY INQUIRY RELATIVE TO PRIOR ARRESTS, COURT APPEARANCES AND ADJUDICATIONS IN ALL CASES OF DELINQUENCY OR AS A CHILD IN NEED OF SERVICES WHICH DID NOT RESULT IN A COMPLAINT TRANSFERRED TO THE SUPERIOR COURT FOR CRIMINAL PROSECUTION. MASSACHUSETTS APPLICANTS SHOULD NOT DISCLOSE CONVICTIONS FOR DRUNKENNESS, SIMPLE ASSAULT, SPEEDING, MINOR TRAFFIC VIOLATIONS, AFFRAY OR DISTURBANCE OF THE PEACE. FINALLY, MASSACHUSETTS APPLICANTS SHOULD NOT DISCLOSE CONVICTIONS FOR OTHER MISDEMEANORS WHERE THE DATE OF CONVICTION OR THE END OF ANY PERIOD OF INCARCERATION WAS MORE THAN FIVE YEARS AGO UNLESS THERE HAVE BEEN SUBSEQUENT CONVICTIONS WITHIN THOSE FIVE YEARS.)

☐ YES ☒ NO

IF YES, PLEASE GIVE DATES AND DETAILS:

ARE YOU CURRENTLY OUT ON BAIL, OR ON YOUR OWN RECOGNIZANCE PENDING TRAIL, FOR AN ARREST? (NOTE: ANSWERING "YES" TO THE ABOVE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE WILL BE DETERMINED ON ITS OWN MERITS.) ☐ YES ☒ NO

IF YES, PLEASE GIVE DATES AND DETAILS OF SUCH ARREST(S):

ARE YOU CURRENTLY USING ILLEGAL DRUGS? ☐ YES ☒ NO

IF YES, WHICH ILLEGAL DRUGS HAVE YOU RECENTLY USED?

WHEN DID YOU RECENTLY USE EACH OF THESE DRUGS?

PLEASE DETAIL:

VERIFICATION & RELEASE

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ON THIS APPLICATION FOR EMPLOYMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE EMPLOYER, UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THIS FORM TO BE AS VALID AS MANUALLY SIGNED FORMS SUBMITTED ON PAPER. I AUTHORIZED MY TYPED NAME AND INITIALS TO BE AS VALID AS A MANUAL SIGNATURE AND INITIALS.

Signature of Applicant: Catherine Olinger

Date: 03/20/2009

EB-000188

JOB SEEKERS WHO HAVE COMPLETED THE ONLINE APPLICATION ARE NOT REQUIRED TO COMPLETE THIS PAGE

EDUCATION

	HIGHEST LEVEL OF EDUCATION	LIST ANY SPECIAL TRADE OR VOCATIONAL SCHOOLS ATTENDED:
SCHOOL NAME	DEL NORTE	LIST ANY PROFESSIONAL OR VOCATIONAL CERTIFICATES, LICENSES, OR REGISTRATIONS THAT YOU CURRENTLY HOLD OR HAVE HELD IN THE PAST:
LOCATION (CITY, STATE)	ALBUQUERQUE, NM	DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRACURRICULAR ACTIVITIES, HONORS, SCHOLARSHIPS, APPOINTMENTS, AWARDS, OR SPECIAL RECOGNITION THAT YOU HAVE RECEIVED:
YEARS COMPLETED	4	
DIPLOMA/DEGREE	DIPLOMA	
MAJOR/SUBJECT		
G.P.A.		

EMPLOYMENT HISTORY

LIST THE NAMES OF YOUR PAST THREE (3) EMPLOYERS, OR LAST 10 YEARS WORKED, WHICHEVER IS LONGER, IN CHRONOLOGICAL ORDER WITH PRESENT OR LAST EMPLOYER FIRST. BE SURE TO ACCOUNT FOR ALL PERIOD OF TIME, INCLUDING MILITARY SERVICE AND ANY PERIOD OF UNEMPLOYMENT OF MORE THAN 3 MONTHS. IF SELF-EMPLOYED, SUPPLY FIRM NAME AND BUSINESS REFERENCES. IF MORE SPACE IS NEEDED, ASK FOR A SUPPLEMENTAL FORM.

COMPANY NAME: WESTAFF		STARTING	ENDING	TITLE: STAFFING CONSULTANT
CITY: ALB. STATE: NM	DATE MONTH/YEAR	03/2003	PRESENT	JOB DUTIES: INTERVIEWING, RECRUITING, CUSTOMER SERVICE
SUPERVISOR NAME: BETH BARELA TELEPHONE #: REDACTED	WAGE PER HOUR	\$10.00	\$16.80	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:
REASON FOR LEAVING: STILL EMPLOYED				

EMPLOYMENT GAP OF MORE THAN 3 MONTHS (IF ANY) ☒ YES ☐ NO
IF YES, EXPLAIN FULLY: MATERNITY LEAVE, STAYED HOME WITH CHILDREN

COMPANY NAME: AAA New Mexico		STARTING	ENDING	TITLE: INSURANCE AGENT
CITY: ALBUQUERQUE STATE: NM	DATE MONTH/YEAR	03/2000	05/2001	JOB DUTIES: SELLING INSURANCE POLICIES TO AAA MEMBERS
SUPERVISOR NAME: REDACTED TELEPHONE #: REDACTED	WAGE PER HOUR	\$SALARY	\$4K MONTH	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:
REASON FOR LEAVING: BIRTH OF MY 1 ST CHILD				

EMPLOYMENT GAP OF MORE THAN 3 MONTHS (IF ANY) ☐ YES ☐ NO
IF YES, EXPLAIN FULLY:

COMPANY NAME:		STARTING	ENDING	TITLE:
CITY: STATE:	DATE MONTH/YEAR			JOB DUTIES:
SUPERVISOR NAME: TELEPHONE #:	WAGE PER HOUR	\$	\$	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:
REASON FOR LEAVING:				

EMPLOYMENT GAP OF MORE THAN 3 MONTHS (IF ANY) ☐ YES ☐ NO
IF YES, EXPLAIN FULLY:

REFERENCES

LIST THREE (3) ADDITIONAL BUSINESS/PROFESSIONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR. DO NOT LIST PERSONAL REFERENCES.

NAME	BUSINESS	TELEPHONE NUMBER	ADDRESS	YEARS ACQUAINTED
1. TERRIE DOTY	PREVIOUS WESTAFF	REDACTED		5
2. BETH BARELA	WESTAFF	REDACTED		11
3. MEGAN YAMAGATA	WESTAFF	REDACTED		2

EMERGENCY CONTACTS

NAME: REDACTED	TELEPHONE #: REDACTED
NAME: REDACTED	TELEPHONE #: REDACTED

PAYROLL

☐ HOLD IN THE OFFICE EVERY FRIDAY ☒ DIRECTLY DEPOSIT TO MY BANK ACCOUNT. (A DIRECT DEPOSIT FORM MUST BE COMPLETED AND SUBMITTED TO PAYROLL.)
☐ MAIL CHECK EACH WEEK - IF YOU WISH TO HAVE YOUR CHECKS MAILED, PLEASE INDICATE YOUR AGREEMENT TO THE FOLLOWING STATEMENT BY SIGNING BELOW: I AUTHORIZE THE EMPLOYER TO MAIL MY PAYCHECKS TO THE ADDRESS INDICATED ON THIS DOCUMENT IN LIEU OF COLLECTING THEM AT THE OFFICE FROM WHICH I AM DISPATCHED. I UNDERSTAND THAT I TAKE FULL RESPONSIBILITY FOR THIS ACTION, SHOULD MY PAYCHECK BE DELAYED BY THE U.S. POSTAL SERVICE, AND THAT IT IS MY RESPONSIBILITY TO SUBMIT NEW INFORMATION TO THE EMPLOYER, SHOULD THERE BE ANY CHANGE IN MY MAILING ADDRESS. I REALIZE THAT STOP-PAYMENTS WILL NOT BE PLACED ON CHECKS LOST IN THE MAIL FOR 10-WORKING DAYS FROM THE DATE MAILED. ANY TRACKING OF MAIL THROUGH THE U.S. POSTAL SERVICE WILL BE MY

EB-000189

RESPONSIBILITY. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL REPLACED BY A NEW WRITTEN AUTHORIZATION OR IS CANCELLED.



NOTICE TO APPLICANT REGARDING CONSUMER REPORTING

COLLEAGUE NAME: CATHERINE OLINGERSOCIAL SECURITY NUMBER: **REDACTED**

In connection with my application with Select Staffing, I understand that investigative background inquiries may be made on myself including but not limited to previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, social security trace reports, and other reports. These reports may include reasons for termination of past employment from previous employers. Further, I understand that Acxiom and/or any other vendors of Select Staffing, may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit criminal, civil, and other experiences, and may include information involving me in the files or insurance companies.

I hereby authorize, without reservation, any party or agency contacted by Select Staffing or Acxiom, and their employees or assigns to release said information and agree to hold them harmless from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to Select Staffing or any authorized agent thereof.

Your background information will be submitted by:

Acxiom Information Security Services, 6111 Oak Tree Blvd, 4th Floor, Independence, OH 44131 (800) 853-3228

- ☐ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from Acxiom. California applicants may receive a copy from either Select Staffing or Acxiom.

Note: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing one line throughout the section.

I have read and understand the above notice.

Colleague Signature: Catherine Olinger	Date: 03/20/2009
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Previous Name(s) Used: Catherine Starr

Mailing Address: **REDACTED**

City, State and Zip Code: Albuquerque, NM 87110

Telephone Number: **REDACTED**

Date of Birth* (Month/Day/Year) : **REDACTED**

Drivers' License Number: **REDACTED**

State: NM

Expiration Date: 04/22/2012

*Date of Birth is being requested in order to obtain accurate retrieval of records.

If present address is less than one year, please provide previous addresses for the past 10 year period.

Street Address	City	State	Zip Code	How Long?
REDACTED	<u>Albuquerque</u>	<u>NM</u>	<u>87110</u>	<u>9</u>
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

EB-000190